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CONFIDENTIAL

APR 21 2005

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TO

Examiner Robert G. Santos

Art Group 3673

United States Patent and Trademark Office

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Faxed: 21 April 2005

Applicant: Osborne et al.

Serial No.: 10/731,720

Title: HOSPITAL BED

Filed: December 9, 2003

Atty. No.: 8266-1201

☒ Amendment Transmittal w/ Certification Under 37  
C.F.R. § 1.8(a)☒ Amendment and Reply Under 37 C.F.R. § 1.116 w/ Certification Under 37  
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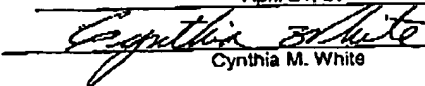
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PAGE 1/9 • RCVD AT 4/21/2005 3:48:47 PM [Eastern Daylight Time] • SVR:USPTO-EFAXF-1/2 • DNIS:8729306 • CSID:+3176845173 • DURATION (mm-ss):02:48

**BOSE MCKINNEY & EVANS LLP****CUSTOMER NUMBER 25267**2700 First Indiana Plaza  
135 North Pennsylvania Street  
Indianapolis, Indiana 46204**PATENT APPLICATION**

Applicant: Osborne et al.  
 Serial No.: 10/731,720  
 Filing Date: December 9, 2003  
 Title: HOSPITAL BED  
 Group: 3673 Examiner: Santos, Robert  
 Atty. Docket: 8266-1201

<u>Certificate Under 37 C.F.R. § 1.8(a)</u>	
I hereby certify that this correspondence is being transmitted to (703) 872-9306 at the United States Patent and Trademark Office, Alexandria, VA 22313-1450.	
on	April 21, 2005
	 Cynthia M. White
Dated:	April 21, 2005

Mail Stop Non-Fee Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	20	20	0	\$18	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	3	3	0	\$88	\$0
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

\*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.  
 \*\*If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for \_\_\_\_\_ month(s) is hereby requested under  
 37 C.F.R. 1.136(a). The required fee for filing this extension is:

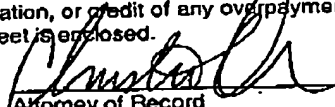
\_\_\_\_\_  
 xx

Request for Correction of Filing Receipt

**TOTAL FEE FOR THIS AMENDMENT**

A check in the amount of \$ \_\_\_\_\_ to cover the total fee for this  
 amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

  
 Attorney of Record  
 Printed Name: Christine E. Mayewski Orich  
 Registration No.: 44,987

614863\_1

APR 21 2005

**BOSE McKINNEY & EVANS LLP**

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135 North Pennsylvania Street  
Indianapolis, Indiana 46204  
(317) 684-5000

PATENT APPLICATION

*IN THE UNITED STATES PATENT AND TRADEMARK OFFICE*

Atty. Docket: 8266-1201

Applicants: Osborne et al.

Title: HOSPITAL BED

Serial No.: 10/731,720

Filed: December 9, 2003

Examiner: Santos, Robert

Group: 3673

Certificate Under 37 CFR 1.8(a)

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on April 21, 2005

*Cynthia M. White*  
Cynthia M. White

Dated: April 21, 2005

AMENDMENT AND REPLY  
UNDER 37 C.F.R. § 1.116

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Arlington, VA 22313-1450

Dear Sir:

Responsive to the Final Office Action mailed February 24, 2005, Applicants submit the following amendments and remarks for the Examiner's consideration.

Listing of Claims/Amendments to the Claims begin on page 2.

Remarks begin on page 5.